

Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 5-6-2014

Street: Broadway and Depot St.

Incident #: 14ISPC003771

Apt, Lot, Room #:

County: DeKalb

City: Butler, IN 46721

Type of Laboratory Seizure (check one)

- Lab Seizure
 Chemical Seizure
 Equipment Seizure
 Dumpsite Seizure

Seizure Location (check all that apply)

- Residence Hotel/Motel
 Outbuilding Open – No Structure
 Vehicle Business
 Other: _____

Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- One Pot or Birch Reaction(s): Backseat
 Red Phosphorous/Iodine Reaction(s): _____
 Hydrochloric Acid Gas Generator(s): Backseat
 Flammable Solvents: _____
 Water Reactive Metal (Lithium): _____
 Anhydrous Ammonia: _____
 Corrosive Acid: backseat
 Corrosive Base: _____
 Ammonium Nitrate/Sulfate: _____
 Other (item and location): _____

Child under age 18 discovered (check appropriate)

- Yes _____ (number present)
 No
 Children not present but evidence they reside or visit often

Living conditions of home: clean disarray
 unclean
Estimated length of time manufacturing had been occurring: _____
Additional Information: _____

Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: SHEILA RENEE HANDSHOE Make: Ford
VIN: 1FTYR44V43PA67864 Model: Ranger
Year: 2003 Color: Blue

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department: Butler FD Fax: Emailed
Health Department County: DeKalb Fax: Emailed
Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: S/Trp. Tim Myers Phone 260-432-8661

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.